## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003								[0100007					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			22					RATE	FEE	] [	RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			ンレ minus 20=		* 2			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*	*		X43=		OR	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM PF	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ss than zero, enter "0" in column 2				TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II						(Calumn 2)		SMALL	FNTITY	OR	OTHER SMALL		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHI NUME PREVIO PAID I	IEST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
<b>AME</b>	Independent	*	Minus	***		=		X43=		OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)									• -			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	C! AIM	= -		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	╽┟	·X43=		OR	X86=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=					
<b>*</b> !	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					r four	nd in the app	ropriate box	c in coli	umn 1.		